FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	`			•								
		(See instructio	ns)					Offic	ce use only	/		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typyin the lines	g, type	12FI	E4M5					
Rely on Your	Beliefs Fund											لب
												لــــا
ADDRESS (number and	d street) 209	Pennsylvania Av	/enue, S	E 					ш			لـــا
(Check if add	dress			шш		ш	ш	11	ш			ш
is changed)	Was	shington		шш	ш	DC	}	Ш	2000	<mark>3</mark>		لب
COMMITTEE'S E-MA	AIL ADDRESS		CITY			STATE	•		ZIP	CODE	•	
paul@pdscor	mpliance.com							1 1				1
		11111			11	<del></del>	11	11	1 1 1	11	1	
COMMITTEE'S WEE	3 PAGE ADDRESS (I	JRL)										
1	111111	11111	111	1 1 1 1	1 1 1		1 1	1 1	1 1 1	1.1	1	1
<u> </u>		11111	1 1 1		1 1 1		1 1	1 1		1 1	1	
202-496-7756 2. DATE 0	M / D D /	Y 2006										
3. FEC IDENTIFIC	ATION NUMBER	[	C COO	344648								
4. IS THIS STATE	MENT NE	W (N) OR	X	AMENI	DED (A)							
I certify that I have exart Type or Print Name of		d to the best of my kno	owledge and	d belief it is tru	ue, correct a	nd comple	ete					
Signature of Treasure	er Electronically Fil	ed by <b>Paul Kilg</b> o	ore			Date	<sup>M</sup> 1 (	<b>M</b> /	<sup>D</sup> <b>0 7</b>	/ Y	Ý 2 (	) 0 8 O (
NOTE: Submission of f	alse, erroneous, or inco	mplete information ma	-		_				f 2 U.S.C	S437g	<b>]</b> .	
Office Use Only				For further i Federal Elect Toll Free 800 Local 202-69	ion Commis -424-9530				FEC I	FORI ed 12/200		

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5.	TYPE OF C	OMMITTEE (Check One) Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	ne candidate
	Name of Candidate		
	Candidate Party Affiliat	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comr		
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Ac	tion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
		Corporation Corporation w/o Capital Stock Lat	oor Organization
		Membership Organization Trade Association Co	operative
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundr	aising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	mittees Participating in Joint Fundraiser	
		1. FEC ID number C	
		2. FEC ID number	
		3. FEC ID number	
		4. FEC ID number	
		5   FEC ID number C	

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Write or Type Committee Name			
Rely on Your Beliefs F	und		
6. Name of Any Connected O	rganization, Affiliated Committee, Leadersh	nip PAC Sponsor or Joint Fu	ndraising Representative
Goodlatte Blunt Joint F	undraising Committee		
Mailing Address	PO Box 3404		
	Alexandria	<b></b>	22302
	CITY▲	STATE	ZIP CODE 🛦
Relationship:			
Connected Organization	Affiliated Committee Lea	adership PAC Sponsor	Joint Fundraising Representative
possession of Committee	dentify by name, address, (phone number e books and records.  Kilgore  264 N Lumpkin Street, a		n of the person in
	Athens		30601
Title or Position ▼  Treasure	CITY A	STATE A	ZIP CODE 1 06 - 546 - 0282
	e and address (phone number optiona by designated agent (e.g., assistant treas		ommittee; and the
Full Name of Treasurer Paul I	Kilgore		
Mailing Address	264 N Lumpkin Street,	#202	
	Athens	GA	30601
Title or Position ♥	CITY A	STATE 4	ZIP CODE A
Treasure	r	Telephone number	706 546 _ 0282

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Telep	hone number	
Banks or Other Deposi safety deposit boxes or n Name of Bank, Deposito	maintains funds. ory, etc.	ommittee deposits funds, ho	ds accounts, rents
safety deposit boxes or n Name of Bank, Deposito	maintains funds.	ommittee deposits funds, ho	ds accounts, rents
safety deposit boxes or n Name of Bank, Deposito	maintains funds. ory, etc. /achovia	ommittee deposits funds, ho	ds accounts, rents
safety deposit boxes or n Name of Bank, Deposito	maintains funds.  ory, etc.  /achovia P.O. Box 563966		
safety deposit boxes or n Name of Bank, Deposito	maintains funds. ory, etc. /achovia	ommittee deposits funds, ho	zip CODE A
safety deposit boxes or n Name of Bank, Deposito	P.O. Box 563966  Charlotte	NC NC	28262
safety deposit boxes or n Name of Bank, Deposito  W  Mailing Address	P.O. Box 563966  Charlotte	NC NC	28262
safety deposit boxes or n Name of Bank, Deposito  W  Mailing Address	P.O. Box 563966  Charlotte  CITY A	NC STATE 4	28262 ZIP CODE
safety deposit boxes or in Name of Bank, Deposito  W Mailing Address  Name of Bank, Deposito	maintains funds.  ory, etc.  /achovia  P.O. Box 563966  Charlotte  CITY   ory, etc.	NC STATE 4	28262 ZIP CODE
safety deposit boxes or in Name of Bank, Deposito  W Mailing Address  Name of Bank, Deposito	maintains funds.  ory, etc.  /achovia  P.O. Box 563966  Charlotte  CITY   ory, etc.	NC STATE 4	28262 ZIP CODE

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	e deposits funds, hol	ds accounts, rents
Name of Bank, Depository, etc.	Tundo.		[ ADDITIONAL ]
BB&T			1
	122C0 Franklin Farm Bood		
Mailing Address	13360 Franklin Farm Road		
L	Herndon	VA	20171
	CITY 🗖	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Organ	nization, Affiliated Committee, Leadership PAC Sponsor	or Joint Fundrais	[ ADDITIONAL ] ing Representative
Mailing Address			
	<u> </u>		
		ا ليا	
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC Sponsor	r Joint Fun	draising Representative
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephone	number	
Joint Fundraiser Participant			[ ADDITIONAL ]
		D number C	